



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904
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Web site: www.arkansas.gov/insurance
E-mail: rick.toland@arkansas.gov

**SELLER'S AFFIDAVIT FOR CANCELLATION AND REFUND OF
PREPAID FUNERAL BENEFITS CONTRACT PROCEEDS**

On this ____ day of _____, 20____, I, _____,
an authorized representative of _____,
(Seller)
of _____, Arkansas, do state under oath or affirmation that
_____ has requested in writing on Form AID FI C3
(Purchaser)
that the prepaid funeral benefits contract purchased in the total amount of \$ _____ be
cancelled and that the withdrawal of \$ _____ in proceeds from the trust fund, annuity
contract, or insurance policy are being returned to captioned Purchaser.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

Seller

BY: _____
Authorized Representative

County _____
State _____ Arkansas _____

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____.

Notary Public

Commission Expiration Date